

EVENT AUTHORIZATION APPLICATION

Please read instructions before completing form.

LICENSE NUMBER
RECEIPT NUMBER
TOTAL FEE
\$

SECTION 1

1. LICENSEE NAME(S) (If an individual, first name, middle name, last name.)		2. CONTACT PERSON	3. CONTACT PHONE NUMBER
4. LICENSED PREMISES ADDRESS		5. MAILING ADDRESS (IF DIFFERENT)	
6. EVENT LOCATION (Street number and name, city, zip code)			
7. DESCRIPTION OF LOCATION (Parking lot, office building, residence, county/city park, etc.)			
8. EVENT LOCATION IS WITHIN THE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No		9. EVENT DATE(S)	10. TOTAL NUMBER OF DAY(S)
11. EVENT HOURS From _____ To _____		12. EVENT OPEN TO THE PUBLIC <input type="checkbox"/> Yes <input type="checkbox"/> No	13. ESTIMATED ATTENDANCE
14. NUMBER OF DAYS AN 'ADJACENT PROPERTY' EVENT HELD AT THIS LOCATION THIS CALENDAR YEAR			
15. LOCAL LAW ENFORCEMENT AGENCY APPROVAL SIGNATURE		16. TITLE	17. DATE SIGNED

I declare under penalty of perjury that to the best of my knowledge these statements are true and correct.

LICENSEE SIGNATURE	DATE SIGNED
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AUTHORIZATION (For ABC Use Only)

CONDITIONS/ACKNOWLEDGMENTS REQUIRED <input type="checkbox"/> Yes, attached <input type="checkbox"/> No		DIAGRAM REQUIRED <input type="checkbox"/> Yes, attached <input type="checkbox"/> No	LAW ENFORCEMENT APPROVAL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
DISTRICT APPROVAL BY (Name)	ABC EMPLOYEE SIGNATURE		DATE SIGNED